DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304 001B-A **DISCHARGE NUMBER** PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 03/31/2014 03/01/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	NG	QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	****	NODI C		****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	****	****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	****	*****	*****	*****		Monthly	ESTIMA

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Il certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
		system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	05/20/2014
İ	TYPED OR PRINTED	and	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

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LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	****	****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	****	****	%		Once per Event	GRAB

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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304		002B-A						
PERMIT NUMBER		DISCHARGE NUMBER						
MONITORING PERIOD								
MM/DD/YYYY		MM/DD/YYYY						
03/01/2014	7	03/31/2014						

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	and the second s	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	003B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD
MM/DD/YYYY	MM/DD/YYYY
03/01/2014	03/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	****	****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	****	****	****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. #Job Type: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.

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FACILITY: PLATFORM HABITAT

ATTN: Jay Rao, Env. Coordinator

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

004B-A DISCHARGE NUMBER

MM/DD/YYYY 03/01/2014

CAF001304

PERMIT NUMBER

MONITORING PERIOD MM/DD/YYYY 03/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Deck Drainage External Outfall

No Discharge

		QUAN	TITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	-ionauris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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OMB No. 2040-0004

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ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		005B-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	03/01/2014	1	03/31/2014						

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	****	****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	****	*****	*****	1	3	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	2.2	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	-ionauris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

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LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		006B-A							
	PERMIT NUMBER		DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY]	MM/DD/YYYY							
	03/01/2014	7	03/31/2014							

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	ENTRATION		NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	007B-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITO	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
03/01/2014	03/31/2014									

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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FACILITY: PLATFORM HABITAT

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PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304		008B-A							
PERMIT NUMBER		DISCHARGE NUMBER							
MONITORING PERIOD									
MM/DD/YYYY		MM/DD/YYYY							
03/01/2014	7	03/31/2014							

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

		QUANTITY OR LOADING			q	UALITY OR CON	CENTRATION		NO.	·	0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	-ionauris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

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CAF001304	009B-A DISCHARGE NUMBER PRING PERIOD MM/DD/YYYY								
PERMIT NUMBER		DISCHARGE NUMBER							
MONITORING PERIOD									
MM/DD/YYYY		MM/DD/YYYY							
03/01/2014	7	03/31/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	010B-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY								
03/01/2014	03/31/2014								

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	05/20/2014	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		011B-A							
	PERMIT NUMBER	[DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY		MM/DD/YYYY							
	03/01/2014	7	03/31/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Bilge Water External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	_ •, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	05/20/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	012B-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
03/01/2014	03/31/2014									

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Boiler Blowdown

External Outfall

No Discharge

		QUAN	UANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)535-2078		05/20/2014
TYPED OR PRINTED	- rotation.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Test Fluids External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and -evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	05/20/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	014B-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
03/01/2014	03/31/2014								

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	ENTRATION		NO.	1	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and —evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	05/20/2014	
TYPED OR PRINTED	-ionauris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

	CAF001304	Г	015B-A						
	PERMIT NUMBER	DISCHARGE NUMBER							
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
Г	03/01/2014	1	03/31/2014						

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.		0, ==	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	indations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	016B-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
03/01/2014	03/31/2014									

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	-ionauris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		018B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	ЭF	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	03/01/2014	٦	03/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Laboratory Waste

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER	ER		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	-ionauris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		019B-A			
Г	PERMIT NUMBER	DISCHARGE NUMBER				
	MONITORING PERIOD					
	MM/DD/YYYY		MM/DD/YYYY			
	03/01/2014	1	03/31/2014			

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	2500 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and -evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		020B-A		
	PERMIT NUMBER	DISCHARGE NUMBER			
	MONITO	DR	ING PERIOD		
	MM/DD/YYYY]	MM/DD/YYY	1	
	03/01/2014	7	03/31/2014		

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	R		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	and the second s	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	Г	021B-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
[MONITORING PERIOD						
	MM/DD/YYYY]	MM/DD/YYYY				
- [03/01/2014	1	03/31/2014				

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Hydrotest Water External Outfall

No Discharge

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	022B-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITO	MONITORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
03/01/2014	03/31/2014					

DMR Mailing ZIP CODE: 93003

illing Zii CODL.

(SUBR FW) H2S Gas Processing Waste Water

External Outfall

MINOR

No Discharge

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A					
PERMIT NUMBER	DISCHARGE NUMBER					
MONITO	MONITORING PERIOD					
MM/DD/YYYY	MM/DD/YYYY					
04/01/2014	04/30/2014					

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014	

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	****	****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	****	%		Once per Event	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Discharge drill cutting Y or N (retained).
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

93003

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

ATTN: Jay Rao, Env. Coordinator

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

CAF001304 002B-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY 04/01/2014 MM/DD/YYYY 04/30/2014 DMR Mailing ZIP CODE:

MINOR (SUBR FW)

Produced Water Monthly External Outfall

No Discharge

FREQUENCY **QUANTITY OR LOADING QUALITY OR CONCENTRATION** NO. SAMPLE OF ANALYSIS TYPE **PARAMETER** EX **VALUE VALUE VALUE VALUE** UNITS **VALUE** UNITS ***** ***** SAMPLE Oil and grease, hexane extr method NODI C NODI C **MEASUREMENT** ***** ***** ***** ***** 00552 1 0 **PERMIT** Reg. Mon. Reg. Mon. Weekly **GRAB** mg/L REQUIREMENT Effluent Gross MO AVG DAILY MX SAMPLE NODI C ***** ***** ***** Produced water, flow **MEASUREMENT** ***** ***** ***** ***** ***** 82600 1 0 PERMIT Req. Mon. bbl/d Monthly **ESTIMA** REQUIREMENT MO AVG Effluent Gross

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	• Managara	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		002B-Q			
	PERMIT NUMBER		DISCHARGE NUMBER			
	MONITORING PERIOD					
	MM/DD/YYYY		MM/DD/YYYY			
	03/01/2014	1	04/30/2014			

DMR Mailing ZIP CODE: 93003

a.....g _... 002_.

Produced Water Quarterly

External Outfall

MINOR

(SUBR FW)

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	PARAMETER		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
TGP6L 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF0	01304		003B-A
PERMIT	NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
MM/E	MM/DD/YYYY 04/01/2014		MM/DD/YYYY
04/0			04/30/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	****	****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	****	****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. #Job Type: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		004B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	OF	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2014	7	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Deck Drainage External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	-ionauris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		005B-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	04/01/2014		04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

				IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER	R [VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	****	****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	****	*****	*****	1	3	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	7.7	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

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Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	ſ	006B-A				
	PERMIT NUMBER			DISCHARGE NUMBER			
	MONITO)R	RING	G PERIOD			
	MM/DD/YYYY			MM/DD/YYYY			
	04/01/2014	7		04/30/2014			

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	-ionauris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	007B-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
04/01/2014	04/30/2014								

DMR Mailing ZIP CODE: 93003

MINOR

Desalination Unit Discharge

External Outfall

(SUBR FW)

No Discharge

		QUAN	ITITY OR LOADIN	TTY OR LOADING		QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	008B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		009B-A						
Г	PERMIT NUMBER	DISCHARGE NUMBER							
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	04/01/2014	1	04/30/2014						

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

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DISCHARGE MONITORING REPORT (DMR)

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Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	010B-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
04/01/2014	04/30/2014									

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	****		Monthly	ESTIMA

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TYPED OR PRINTED			AREA Code	NUMBER

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	011B-A						
	PERMIT NUMBER DISCHARGE NUMBI							
	MONITORING PERIOD							
	MM/DD/YYYY			MM/DD/YYYY				
	04/01/2014	7	ı	04/30/2014				

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Bilge Water External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	05/20/2014	
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

	CAF001304	Γ	012B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	R	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
Γ	04/01/2014	1	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Boiler Blowdown External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	IS LA	OF ANALYSIS	
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)535-2078		05/20/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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Ventura, CA 93003

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LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		013B-A
	PERMIT NUMBER	[DISCHARGE NUMBER
	MONITO	DR	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	04/01/2014	7	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Test Fluids

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

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DISCHARGE MONITORING REPORT (DMR)

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Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		014B-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
_									
	MONITO	RIN	IG PERIOD						
	MM/DD/YYYY		MM/DD/YYYY						
	04/01/2014	1	04/30/2014						

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL

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Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		015B-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITO	RIN	IG PERIOD						
	MM/DD/YYYY		MM/DD/YYYY						
	04/01/2014	1	04/30/2014						

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

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Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	016B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)
Uncontaminated Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS EX OF ANALYS	OF ANALYSIS	TYPE	
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

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DISCHARGE MONITORING REPORT (DMR)

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ATTN: Jay Rao, Env. Coordinator

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PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
04/01/2014	04/30/2014							

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	****		Daily when Discharging	VISUAL

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LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		018B-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	04/01/2014	7	04/30/2014					

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Laboratory Waste External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	·	0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	-ionauris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	Г	019B-A		
	PERMIT NUMBER DISCHARGE NUMBER				
	MONITO	RIN	IG PERIOD		
	MM/DD/YYYY]	MM/DD/YYYY		
	04/01/2014	1	04/30/2014		

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	2500 YTD TOT	*****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	05/20/2014	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	ſ	020B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO)R	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	04/01/2014	7	04/30/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	·	0, ==	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	-ionauris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	021B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Hydrotest Water External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	• 10000	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	022B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
04/01/2014	04/30/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	_ •, ==	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD
MM/DD/YYYY	MM/DD/YYYY
05/01/2014	05/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C			_	
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
05/01/2014	05/31/2014								

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	****	****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	****	*****	NODI C	****	****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	****	%		Once per Event	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		002B-A					
	PERMIT NUMBER	[DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	05/01/2014	7	05/31/2014					

DMR Mailing ZIP CODE:

ODE: 93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	·	0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	003B-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
05/01/2014	05/31/2014								

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	****	****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	****	****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	****	****	****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. #Job Type: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		004B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO)F	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	05/01/2014	7	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Deck Drainage External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304		005B-A
PERMIT NUMBER		DISCHARGE NUMBER
MONITO	RIN	G PERIOD
MM/DD/YYYY		MM/DD/YYYY
05/01/2014	Ī	05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	7.1	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall No Discharge

		QUAN	QUANTITY OR LOADING QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED	-iolaiolis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	007B-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITO	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
05/01/2014	05/31/2014									

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED	- Notations	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

ATTN: Jay Rao, Env. Coordinator

Ventura, CA 93003 **FACILITY:** PLATFORM HABITAT **LOCATION:** LAT 34 28 66.11 LO 119 58 80.83 PACIFIC OCEAN, CA 93003

CAF001304 008B-A DISCHARGE NUMBER PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 05/01/2014 05/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Fire Control System Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER	PARAMETER		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304		009B-A
PERMIT NUMBER] [DISCHARGE NUMBER
MONI	TORIN	IG PERIOD
MM/DD/YYYY		MM/DD/YYYY
05/01/2014		05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4886	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

	CAF001304		010B-A							
	PERMIT NUMBER		DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY]	MM/DD/YYYY							
Г	05/01/2014	1	05/31/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	ENTRATION	_	NO.	FREQUENCY	_ •,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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DISCHARGE MONITORING REPORT (DMR)

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FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	ſ		011B-A
	PERMIT NUMBER			DISCHARGE NUMBER
	MONITO)R	RING	G PERIOD
	MM/DD/YYYY]		MM/DD/YYYY
	05/01/2014	7		05/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Bilge Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	QUANTITY OR LOADING			CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

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NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		012B-A								
	PERMIT NUMBER		DISCHARGE NUMBER								
	MONITORING PERIOD										
	MM/DD/YYYY]	MM/DD/YYYY								
	05/01/2014	7	05/31/2014								

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Boiler Blowdown

External Outfall

No Discharge

		ITITY OR LOADIN	OR LOADING QU		QUALITY OR CONCENTRATION			NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	ſ	013B-A								
	PERMIT NUMBER		DISCHARGE NUMBE	R							
	MONITORING PERIOD										
	MM/DD/YYYY]	MM/DD/YYYY								
	05/01/2014	7	05/31/2014								

DMR Mailing ZIP CODE: 9

93003

MINOR

(SUBR FW) Test Fluids

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	014B-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
05/01/2014	05/31/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	·		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

	CAF001304		015B-A						
	PERMIT NUMBER DISCHARGE NUMBER								
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
Γ	05/01/2014	1	05/31/2014						

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION						SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	****		Daily	VISUAL

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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	016B-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
05/01/2014	05/31/2014							

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED	•1044010.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	017B-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY							
05/01/2014	05/31/2014							

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	·	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my injury of the person or persons who manage that	Jay Rao	TELEP	DATE	
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

	CAF001304	Γ	018B-A							
	PERMIT NUMBER		DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY]	MM/DD/YYYY							
Γ	05/01/2014	1	05/31/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Laboratory Waste External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	1	0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that qualified personnel properly gather and supervision in accordance with a system designed to assure that the supervision is a supervision of the superv	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

93003

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304	Г	019B-A							
	PERMIT NUMBER		DISCHARGE NUMBER							
	MONITO	PRII	NG PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY							
	05/01/2014	1	05/31/2014							

DMR Mailing ZIP CODE:

.....9 _... 002_.

MINOR (SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	2500 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	08/26/2014	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	020B-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITO	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
05/01/2014	05/31/2014									

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION	_	NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my injury of the person or persons who manage that	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		021B-A						
	PERMIT NUMBER		DISCHARGE NUMBE	R					
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	05/01/2014	7	05/31/2014						

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Hydrotest Water External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	****	****	****	*****	*****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE		
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)535-2078		08/26/2014	
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304	ſ	022B-A					
	PERMIT NUMBER	DISCHARGE NUMBER						
ĺ	MONITORING PERIOD							
	MM/DD/YYYY			MM/DD/YYYY				
	05/01/2014	7	ſ	05/31/2014				

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW) H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	*****	*****	****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	- Notations	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
06/01/2014	06/30/2014						

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

l l		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****				
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	*****	*****	*****		End Of Well	GRAB	
Diesel Oil Content	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****				
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL	
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C					
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB	
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C					
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB	
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	NODI C					
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL	
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****				
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA	
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****				
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	****	*****	*****	*****		Monthly	ESTIMA	
NAME/TITLE PRINCIPAL EXECUTIVE	supervision in	accordance with a system of	iment and all attachments were	ed personnel properly gat	her and	Jay R	Rao		TEL	EPHONE	DATE	

Jay Rao evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant (805)535-2078 08/26/2014 penalties for submitting false information, including the possibility of fine and imprisonment for knowing SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** AREA Code NUMBER MM/DD/YYYY TYPED OR PRINTED

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Discharge drill cutting - Y or N (retained).

- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
06/01/2014	06/30/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	_ •/ ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	****	****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	****	****	%		Once per Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	08/26/2014	
TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		002B-A				
	PERMIT NUMBER	[DISCHARGE NUMBER				
	MONITO	OR	RING PERIOD				
	MM/DD/YYYY		MM/DD/YYYY				
	06/01/2014	7	06/30/2014				

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	003B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	RING PERIOD
MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge

		QUAI	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. TOTAL	#	*****	****	****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	****	*****	*****		Once per Occurance	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	08/26/2014	
TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. #Job Type: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	ſ		004B-A
	PERMIT NUMBER		D	ISCHARGE NUMBER
	MONITO)R	ING	PERIOD
	MM/DD/YYYY]		MM/DD/YYYY
	06/01/2014	7		06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Deck Drainage External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G QUALITY OR CONCENTRATION				NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	08/26/2014	
TYPED OR PRINTED	-iolaiolis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		005B-A
	PERMIT NUMBER		DISCHARGE NUMBER
[MONITO	RIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
Ī	06/01/2014	1	06/30/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	****	****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	****	****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	5.9	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

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		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)535-2078		08/26/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304	Г	007B-A							
Г	PERMIT NUMBER		DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY]	MM/DD/YYYY							
	06/01/2014	1	06/30/2014							

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304 008B-A DISCHARGE NUMBER PERMIT NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 06/01/2014 06/30/2014

DMR Mailing ZIP CODE:

93003

(SUBR FW)

MINOR

Fire Control System Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	009B-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
06/01/2014	06/30/2014								

DMR Mailing ZIP CODE:

93003 MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	QUANTITY OR LOADING		UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4886	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	****	*****	****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	010B-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITO	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
06/01/2014	06/30/2014									

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and—evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED	- Notations	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		011B-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
	06/01/2014	7	06/30/2014						

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Bilge Water External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	_ • / ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304			012B-A
	PERMIT NUMBER		D	ISCHARGE NUMBER
	MONITO)R	ING	PERIOD
	MM/DD/YYYY			MM/DD/YYYY
	06/01/2014	7	Г	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Boiler Blowdown External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	ſ		013B-A
	PERMIT NUMBER		D	ISCHARGE NUMBER
	MONITO)R	ING	PERIOD
	MM/DD/YYYY]		MM/DD/YYYY
	06/01/2014	7	Г	06/30/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Test Fluids External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		''♥'	FREQUENCY	•,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304										
	PERMIT NUMBER		DISCHARGE NUMBER								
	MONITORING PERIOD										
	MM/DD/YYYY]	MM/DD/YYYY								
Γ	06/01/2014	1	06/30/2014								

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	_ 0,
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	08/26/2014	
TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	Г	015B-A					
	PERMIT NUMBER	PERMIT NUMBER DISCHARGE NUMBER						
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	06/01/2014	1	06/30/2014					

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY OF ANALYSIS	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	016B-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
06/01/2014	06/30/2014							

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	017B-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
06/01/2014	06/30/2014							

DMR Mailing ZIP CODE: 93003

.....9 _... 002 _..

Water Flooding Discharges

External Outfall

MINOR

(SUBR FW)

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION	_	NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	08/26/2014	
TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

93003

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	018B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
06/01/2014	06/30/2014	

DMR Mailing ZIP CODE:

MINOR (SUBR FW) Laboratory Waste

External Outfall

No Discharge

	QUAN		ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	019B-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
06/01/2014	06/30/2014								

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Excess Cement Slurry External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	2500 YTD TOT	*****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAFO	01304		020B-A						
PERMIT	NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
MM/I	DD/YYYY]	MM/DD/YYYY						
06/	01/2014	1	06/30/2014						

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	021B-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
06/01/2014	06/30/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Hydrotest Water External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CA F004204		0000 4						
1	CAF001304	1	022B-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY		MM/DD/YYYY						
	06/01/2014	1	06/30/2014						

DMR Mailing ZIP CODE:

.....g _.. 002_.

93003

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	·	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
07/01/2014	07/31/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	· · · · · · · · · · · · · · · · · ·
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	****	*****	****	NODI C			_	
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	****	****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	****	*****	*****	*****		Monthly	ESTIMA

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED	a romano.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
07/01/2014	07/31/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	****	****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	****	****	%		Once per Event	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304		002B-A						
PERMIT NUMBER		DISCHARGE NUMBER						
MONITORING PERIOD								
MM/DD/YYYY		MM/DD/YYYY						
07/01/2014	7	07/31/2014						

DMR Mailing ZIP CODE:

CODE: 93003

MINOR (SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	·	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and —evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	Γ	002B-Q					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	05/01/2014	1	07/31/2014					

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Produced Water Quarterly

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
TGP6L 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	R I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are ignificant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	003B-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
07/01/2014	07/31/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	****	****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	****	****	****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. #Job Type: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		004B-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	07/01/2014	7	07/31/2014					

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Deck Drainage External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	Г	005B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	07/01/2014	1	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	*****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	4.95	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304	ſ	006B-A					
	PERMIT NUMBER	[DISCHARGE NUMBER					
ĺ	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	07/01/2014	7	07/31/2014					

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	007B-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
07/01/2014	07/31/2014								

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW) Desalination Unit Discharge

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	O/
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	· notations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	Γ	008B-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	07/01/2014	07/31/2014							

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	-iolaiolis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

	CAF001304		009B-A							
	PERMIT NUMBER		DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY		MM/DD/YYYY							
Г	07/01/2014	1	07/31/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUANTITY OR LOADING		C	UALITY OR CON	CENTRATION		NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	****	****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	****	*****	*****	*****	****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4886	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	- Notations	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	010B-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
07/01/2014	07/31/2014								

DMR Mailing ZIP CODE: 93

93003

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.		SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		011B-A
Е	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	OF	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2014	7	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Bilge Water External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304		012B-A			
PERMIT NUMBER	DISCHARGE NUMBER				
MONITO	R	RING PERIOD			
MM/DD/YYYY]	MM/DD/YYYY			
07/01/2014	7	07/31/2014			

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Boiler Blowdown External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED	- Notations	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304	ſ	013B-A					
	PERMIT NUMBER	DISCHARGE NUMBER						
	MONITO	R	RING PERIOD					
	MM/DD/YYYY]	MM/DD/YYYY					
	07/01/2014	1	07/31/2014					

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Test Fluids External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		014B-A		
	PERMIT NUMBER		DISCHARGE NUMBER		
	MONITO	DR	RING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	07/01/2014	7	07/31/2014		

DMR Mailing ZIP CODE: 93003

.....9 _... 002_.

(SUBR FW)
Diatomaceous Earth Filter Media

External Outfall

MINOR

No Discharge

		QUAN	QUANTITY OR LOADING		Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	08/26/2014
TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	015B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

ı	CAF001304		016B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	ORIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2014	7	07/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

ATTN: Jay Rao, Env. Coordinator

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

| CAF001304 | 017B-A |
| PERMIT NUMBER | DISCHARGE NUMBER |
| MONITORING PERIOD |
| MM/DD/YYYY | MM/DD/YYYY |
| 07/01/2014 | 07/31/2014 |

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	ſ	018B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	R	RING PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	07/01/2014	1	07/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Laboratory Waste External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	• rounds	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	019B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	2500 YTD TOT	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	•1044010.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	020B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
07/01/2014	07/31/2014

DMR Mailing ZIP CODE: 93003

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

MINOR

No Discharge

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	Г	021B-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
_	MONITORING PERIOD						
	MM/DD/YYYY]	MM/DD/YYYY				
ı	07/01/2014	1	07/31/2014				

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Hydrotest Water External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	_ •,	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	*****	*****	*****	****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

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NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	Γ	022B-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY]	MM/DD/YYYY				
	07/01/2014	1	07/31/2014				

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

			QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.		. 0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
08/01/2014	08/31/2014						

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	NG	QUALITY OR CONCENTRATION					FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	****	NODI C		****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	****	****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
08/01/2014	08/31/2014						

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUANTITY OR LOADING			d	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	****	30000 YTD TOT	bbl	*****	****	****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	NODI C	****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	*****	%		Once per Event	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		002B-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	08/01/2014	7	08/31/2014					

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUANTITY OR LOADING QUALITY OR CONCENTRATION				NO.	·	SAMPLE			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	003B-A						
PERMIT NUMBER	DISCHARGE NUMBER						
MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY						
08/01/2014	08/31/2014						

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	****	****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	*****	****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. #Job Type: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		004B-A							
	PERMIT NUMBER	[DISCHARGE NUMBE	R						
	MONITORING PERIOD									
	MM/DD/YYYY		MM/DD/YYYY							
	08/01/2014	7	08/31/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Deck Drainage External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		005B-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	111011111	-	<u> </u>						
	MM/DD/YYYY	l	MM/DD/YYYY						
	08/01/2014	1	08/31/2014						

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	****	****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	****	****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	****	*****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	2.4	****	bbl/d	****	****	****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL

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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	007B-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITO	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
08/01/2014	08/31/2014									

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	008B-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
08/01/2014	08/31/2014								

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Fire Control System Water

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	0, ==
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304		009B-A							
PERMIT NUMB	ER	DISCHARGE NUMBER							
ľ	MONITORING PERIOD								
MM/DD/YY	ſΥ	MM/DD/YYYY							
08/01/201	4	08/31/2014							

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	0	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4886	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	010B-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
08/01/2014	08/31/2014								

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		011B-A DISCHARGE NUMBER RING PERIOD MM/DD/YYYY						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	08/01/2014	7	08/31/2014						

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Bilge Water External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	``	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and -evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

	CAF001304		012B-A					
Р	ERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	08/01/2014	7	08/31/2014					

DMR Mailing ZIP CODE: 93003

ng ZIP CODE: 930

MINOR (SUBR FW) Boiler Blowdown

External Outfall

No Discharge

	QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL

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TYPED OR PRINTED	· ·outuono.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

CAF001304

PERMIT NUMBER

MM/DD/YYYY

08/01/2014

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

93003

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

ATTN: Jay Rao, Env. Coordinator

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

4 013B-A
BER DISCHARGE NUMBER
MONITORING PERIOD

MM/DD/YYYY 08/31/2014 DMR Mailing ZIP CODE:

MINOR (SUBR FW) Test Fluids External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and -evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	014B-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
08/01/2014	08/31/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and —evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	• Managara	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		015B-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	08/01/2014	1	08/31/2014						

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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93003

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

DMR Mailing ZIP CODE:

MINOR (SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	· ·outuono.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

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OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		017B-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
ĺ	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	08/01/2014	7	08/31/2014					

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

	QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		018B-A				
	PERMIT NUMBER		DISCHARGE NUMBER				
	MONITORING PERIOD						
	MM/DD/YYYY]	MM/DD/YYYY				
	08/01/2014	٦	08/31/2014				

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Laboratory Waste External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEPHONE		DATE
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DISCHARGE MONITORING REPORT (DMR)

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

	CAF001304	Г	019B-A					
PE	RMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	08/01/2014	1	08/31/2014					

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	2500 YTD TOT	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	020B-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
08/01/2014	08/31/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	QUANTITY OR LOADING QUALITY OR CONCENTRATION				NO.			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		021B-A					
r	PERMIT NUMBER	\vdash	DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	08/01/2014	1	08/31/2014					

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Hydrotest Water External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	****	****	****	*****	****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		022B-A					
r	PERMIT NUMBER	T	DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	08/01/2014	1	08/31/2014					

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

	QUAN	QUANTITY OR LOADING		Q	UALITY OR CON	ENTRATION	_	NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the valuate the information submitted. Passed on my inquiry of the person or persons who manage that	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)535-2078		11/25/2014
TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
09/01/2014	09/30/2014							

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION		NO. FREQUENCY		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	*****	****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	11/25/2014	
TYPED OR PRINTED	• 100000	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
09/01/2014	09/30/2014							

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	****	*****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****	NODI C	*****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	****	*****	%		Once per Event	GRAB

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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		002B-A					
	PERMIT NUMBER	[DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	09/01/2014	7	09/30/2014					

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED	riolaudis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	003B-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
09/01/2014	09/30/2014								

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	****	****	*****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	****	*****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	riolaudis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. #Job Type: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		004B-A
	PERMIT NUMBER		DISCHARGE NUMBER
[MONITO	RING PERIOD	
ſ	MM/DD/YYYY]	MM/DD/YYYY
- 1	09/01/2014	7	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Deck Drainage External Outfall

No Discharge

		QUAN	ANTITY OR LOADING QUALITY OR CONCENTRATION				NO.	•			
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	11/25/2014	
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

ı	CAF001304		005B-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	09/01/2014	1	09/30/2014						

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	****	****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	*****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	2.5	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		006B-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	09/01/2014	7	09/30/2014						

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	007B-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
09/01/2014	09/30/2014									

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)
Desalination Unit Discharge

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	11/25/2014	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	008B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		009B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	09/01/2014	1	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4886	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, ruve, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Jay Rao	TELEP	DATE	
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)535-2078		11/25/2014
TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) **DISCHARGE MONITORING REPORT (DMR)**

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		010B-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	09/01/2014	1	09/30/2014					

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	11/25/2014	
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		011B-A					
Е	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	09/01/2014	7	09/30/2014					

DMR Mailing ZIP CODE: 99

93003

MINOR (SUBR FW)

Bilge Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	11/25/2014	
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

	CAF001304	012B-A								
	PERMIT NUMBER		DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY]	MM/DD/YYYY							
Γ	09/01/2014	1	09/30/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Boiler Blowdown External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		013B-A							
	PERMIT NUMBER		DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY]	MM/DD/YYYY							
	09/01/2014	7	09/30/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Test Fluids External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	014B-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
09/01/2014	09/30/2014								

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	015B-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONIT	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
09/01/2014	09/30/2014									

DMR Mailing ZIP CODE: 9

93003

MINOR (SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	016B-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
09/01/2014	09/30/2014							

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	l ==	SAMPLE		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the valuate the information submitted. Passed on my inquiry of the person or persons who manage that	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	017B-A							
PERMIT NUMBER	DISCHARGE NUMBER							
MONITO	MONITORING PERIOD							
MM/DD/YYYY	MM/DD/YYYY							
09/01/2014	09/30/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION	_	NO.	1	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		018B-A					
	PERMIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	09/01/2014	7	09/30/2014					

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Laboratory Waste External Outfall

No Discharge

		QUANTITY OR LOADING		Q	UALITY OR CON	CENTRATION		NO.	·	0, ==	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

C	AF001304		019B-A					
PER	MIT NUMBER		DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY]	MM/DD/YYYY					
	09/01/2014	7	09/30/2014					

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUANTITY OR LOADING		G	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	2500 YTD TOT	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		020B-A						
	PERMIT NUMBER		DISCHARGE NUMBER						
	MONITORING PERIOD								
	MM/DD/YYYY]	MM/DD/YYYY						
	09/01/2014	7	09/30/2014						

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	021B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONIT	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Hydrotest Water External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing tyiolations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	11/25/2014	
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	022B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
09/01/2014	09/30/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the valuate the information submitted. Passed on my inquiry of the person or persons who manage that	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	DRING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Discharge drill cuttings, base fluids retained	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
51120 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	****	*****	*****	*****		End Of Well	GRAB
Diesel Oil Content	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51688 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI C				
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	3 DAILY MX	mg/kg		Once per Well	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	****	*****	****	*****	*****	NODI C				
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	*****	1 DAILY MX	mg/kg		Once per Well	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	****	NODI C		*****	*****	NODI C				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	VISUAL
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	105000 YTD TOT	bbl	****	*****	*****	*****		Monthly	ESTIMA

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	35-2078	11/25/2014
TYPED OR PRINTED	• 100000	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Discharge drill cutting Y or N (retained).
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	001B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014	

DMR Mailing ZIP CODE: 9

93003

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	****	NODI C				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	****	****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	****	****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	30000 YTD TOT	bbl	*****	*****	****	*****		Monthly	ESTIMA
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****	NODI C	****	*****				
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	****	****	%		Once per Event	GRAB

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY	

- 1. Discharge drill cutting Y or N (retained).
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar. 1st thru Feb. 28th each year.
- 3. Drill fluid inventory refer to Attachment X.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		002B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	DR	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2014	7	10/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI C	NODI C				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		002B-Q				
	PERMIT NUMBER		DISCHARGE NUMBER				
[MONITORING PERIOD						
	MM/DD/YYYY]	MM/DD/YYYY				
- [08/01/2014	1	10/31/2014				

DMR Mailing ZIP CODE: 93003

MINOR

(SUBR FW)

Produced Water Quarterly

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Pass/Fail Static 48Hr Chronic Macrocystis pyrifera	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI C				
TGK1D 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static 48Hr Chronic Haliotis rufescens	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI C				
TGK3R 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24
Pass/Fail Static Renewal 7 Day Chronic Atherinops affinis	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
TGP6L 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. VALUE	pass=0/fail =1		Quarterly	COMP24

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TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	003B-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONITO	DRING PERIOD			
MM/DD/YYYY	MM/DD/YYYY			
10/01/2014	10/31/2014			

DMR Mailing ZIP CODE: 9

93003

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	****	*****	*****	NODI C	NODI C				
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	****	****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	****	****	*****		Once per Discharge	VISUAL
Well fluids, volume	SAMPLE MEASUREMENT	NODI C	NODI C		*****	****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	****	*****		Once per Occurance	ESTIMA

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TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. #Job Type: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		004B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	OF	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2014	7	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Deck Drainage External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****				
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA	
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****				
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	****	****	*****		Daily when Discharging	VISUAL	

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)535-2078		11/25/2014
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		005B-A							
Г	PERMIT NUMBER	DISCHARGE NUMBER								
	MONITORING PERIOD									
	MM/DD/YYYY		MM/DD/YYYY							
	10/01/2014	1	10/31/2014							

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUANTITY OR LOADING			G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Sanitary and Domestic Foam or Floating Solids	SAMPLE MEASUREMENT	*****	0	d/mo	*****	****	*****	*****		Daily	VISUAL
51665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	d/mo	*****	****	*****	*****		Daily	VISUAL
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	****	****	*****	*****	1	2	mg/L		Monthly	GRAB
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	2.2	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Sanitary waste flow and domestic flow rate are combined.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		006B-A							
	PERMIT NUMBER		DISCHARGE NUMBER							
	MONITORING PERIOD									
	MM/DD/YYYY]	MM/DD/YYYY							
	10/01/2014	٦	10/31/2014							

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	007B-A									
PERMIT NUMBER	DISCHARGE NUMBER									
MONITO	MONITORING PERIOD									
MM/DD/YYYY	MM/DD/YYYY									
10/01/2014	10/31/2014									

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	008B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014	

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	****	****	*****	*****	*****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED	nounds.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	009B-A			
PERMIT NUMBER	DISCHARGE NUMBER			
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY	10/01/2014	10/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	0	Y=1;N=0	*****	*****	****	*****		Daily	VISUAL
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Chlorine, total residual	SAMPLE MEASUREMENT	*****	****	*****	*****	****	NODI 8				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Flow	SAMPLE MEASUREMENT	4886	****	bbl/d	*****	****	****	*****		Monthly	ESTIMA
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	****	*****	****		Monthly	ESTIMA

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

No Chlorine is added.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

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Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		010B-A
Г	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY		MM/DD/YYYY
	10/01/2014	1	10/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge

		QUANTITY OR LOADING			Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

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Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

	CAF001304		011B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
Г	10/01/2014	1	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Bilge Water External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		012B-A		
	PERMIT NUMBER		DISCHARGE NUMBER		
	MONITO)F	RING PERIOD		
	MM/DD/YYYY		MM/DD/YYYY		
	10/01/2014 10/31/2014				

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Boiler Blowdown External Outfall

No Discharge

		QUAN	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	****	*****		Daily	VISUAL

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
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DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	013B-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014	

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

External Outfall

Test Fluids

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

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DISCHARGE MONITORING REPORT (DMR)

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ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	Г	014B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	PRIN	IG PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2014	1	10/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	ENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		015B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2014	1	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	016B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge

	QUAN	ITITY OR LOADIN	IG	q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL

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FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304		017B-A
	PERMIT NUMBER	[DISCHARGE NUMBER
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	MM/DD/YYYY		MM/DD/YYYY
	10/01/2014	7	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	11/25/2014	
TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		018B-A
	PERMIT NUMBER	[DISCHARGE NUMBER
ĺ	MONITO	DR	RING PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2014	7	10/31/2014

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Laboratory Waste External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	5-2078	11/25/2014
TYPED OR PRINTED	- Notations	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Г	CAF001304		019B-A
	PERMIT NUMBER		DISCHARGE NUMBER
	MONITO	RIN	G PERIOD
	MM/DD/YYYY]	MM/DD/YYYY
	10/01/2014	1	10/31/2014

DMR Mailing ZIP CODE:

93003

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION	_	NO.	FREQUENCY	SAMPLE
PARAMETER	PARAMETER		VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	NODI C	****		*****	****	*****	*****			
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	2500 YTD TOT	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

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	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(805)53	11/25/2014	
TYPED OR PRINTED	• • • • • • • • • • • • • • • • • • • •	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Annual cumulative Volumes and Limits for the period covering Mar. 1st through Feb. 28th each year.

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	020B-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITO	ORING PERIOD
MM/DD/YYYY	MM/DD/YYYY
10/01/2014	10/31/2014

DMR Mailing ZIP CODE:

93003

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	****	NODI C		*****	*****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL

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TYPED OR PRINTED	- Canada	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

Γ	CAF001304	Г	021B-A					
r	PERMIT NUMBER	T	DISCHARGE NUMBER					
	MONITORING PERIOD							
	MM/DD/YYYY		MM/DD/YYYY					
	10/01/2014	1	10/31/2014					

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW) Hydrotest Water External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		*****	*****	*****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	****	*****	*****	*****		Monthly	ESTIMA
Chlorine addition rate	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	NODI C				
85790 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	Jay Rao	TELEP	DATE	
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TYPED OR PRINTED	· notation.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: DCOR, LLC PLATFORM HABITAT - CAG280000

ADDRESS: 290 Maple Court, Suite 290

Ventura, CA 93003

FACILITY: PLATFORM HABITAT

LOCATION: LAT 34 28 66.11 LO 119 58 80.83

PACIFIC OCEAN, CA 93003

ATTN: Jay Rao, Env. Coordinator

CAF001304	022B-A								
PERMIT NUMBER	DISCHARGE NUMBER								
MONITO	MONITORING PERIOD								
MM/DD/YYYY	MM/DD/YYYY								
10/01/2014	10/31/2014								

DMR Mailing ZIP CODE: 93003

MINOR (SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids, waste or visible foam-visual	SAMPLE MEASUREMENT	*****	NODI C		****	****	****	*****			
45613 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	*****	****	*****	*****		Daily	VISUAL
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	NODI C		*****	*****	*****	*****			
51689 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. VALUE	Y=1;N=0	****	*****	*****	*****		Daily when Discharging	VISUAL
Flow	SAMPLE MEASUREMENT	NODI C	*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

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TYPED OR PRINTED	•••	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY